

## Environment

### Early Stages of Dementia

#### Goal

- The person's environment supports maximum independence, safety and personal choice both now and in the future

#### Safety & Other Risks

- Burns
- Falls
- Ingestion/Poison
- Exploitation
- Difficulty navigating the environment
- Self-inflicted harm
- Exposure

#### Key Assessment Issues

##### General

- Person's abilities usually deteriorate slowly over time and may not be apparent
- Difficulties increase over time as the person moves through the stages of dementia
- Person may appear more capable than s/he actually is
- May report no difficulty in doing certain tasks, yet may be unable to do them, or not be doing them (e.g., bathing, cooking, etc.)
- Specific skills deteriorate at different rates affecting different abilities. This results in person being able to do some steps in a task but not others – it is important to allow the person to do these parts of tasks for as long as possible, to retain abilities
- Person's denial of the decrease in abilities is common in early and middle stages

#### Possible Interventions

##### General

- Adapt the environment proactively to maintain function, anticipate and prevent problems whenever possible
- Scan the environment and perform a safety check (see accompanying tool where provided)
- Tour the house and ask person to SHOW you how she does things such as take a bath, cook, do laundry, etc.
- Evaluate if person's skills match the environment - ask for a cup of tea to evaluate ability to use stove, etc.
- Corroborate with family to evaluate if what you are seeing is life long pattern or true decline
- Do a task breakdown analysis to discover the parts of a task the person can still do, offer opportunities to continue task participation.
- If person has insight into her dementia:
  - Assist person in learning how to arrange and maintain an environment that supports her changing needs (e.g., medication reminder systems, removing clutter, etc.)
  - Plan changes to compensate for deficits with the person and develop preferential strategies for the future (e.g., mail/bills)
  - Include the caregiver in the above processes where able
- In cases where the person lacks insight into her dementia, involve the person as abilities warrant in above activities
- Person must be continually monitored for changes
- Indicators, or red flags, that signal key decision points should be established in advance, so that the need for additional supervision or assistance can be determined (e.g., taking medication sporadically, wandering out at night, getting lost driving, etc.)

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## Environment

### Early Stages of Dementia (continued)

#### Goal

- The person's environment supports maximum independence, safety and personal choice both now and in the future

Key Assessment Issues	Possible Interventions
<p><u>Problems with Sequencing/Organizing</u></p> <ul style="list-style-type: none"> <li>Evaluator may see cluttered environment</li> <li>May see evidence of inability to organize or deal with mail, newspapers, etc.</li> <li>May find things in inappropriate places</li> <li>May see many reminder notes placed around home or unusually cluttered calendar</li> <li>May find that the person has difficulty with checkbook and numbers/math in general</li> <li>May see uncompleted household tasks</li> <li>May see lack of organization with medications, medications omitted or duplicate open medication bottles/boxes</li> <li>Person may have stopped leisure activities (e.g., crafts, hobbies)</li> <li>Person may voice concerns over misplacing things or objects not being where expected</li> </ul> <p><u>Problems with Judgement/Reasoning</u></p> <ul style="list-style-type: none"> <li>Person may have increased, decreased or inappropriate concern for safety</li> <li>May see evidence of careless or unsafe use of cooking equipment (burned pots and pans - that may even be outside, etc.)</li> <li>May notice a home temperature that is questionable for the season</li> <li>May see evidence of the person sending money to multiple sweepstakes, donations and/or telemarketing solicitations</li> <li>May see evidence of careless smoking</li> <li>Person may want to continue an activity that doesn't match her current ability, e.g., using a high tech sewing machine</li> </ul>	<p><u>Enhancing Organizational Abilities</u></p> <ul style="list-style-type: none"> <li>Assist person in simplifying environment to eliminate clutter, put important things in prominent places, etc.</li> <li>Use a large master calendar to help person track time, appointments, activities and important phone numbers</li> <li>Remove person's name from solicitors' mail lists</li> <li>Consider providing regular assistance to clean/maintain household</li> <li>Use adaptive devices to ease difficulty such as speed dial for phone numbers, visual prompts with pictures and words on cupboards or doors, devices with recorded verbal prompts, portable cordless phones, etc.</li> <li>Initiate system of assisting person with organizing medications (e.g., pill boxes set up by caregiver, pharmacist, nurse, or automated medication dispensers)</li> <li>Attach beeping locator devices to frequently lost items for easy retrieval, have duplicates on hand</li> </ul> <p><u>Enhancing Safety and Monitoring Judgement</u></p> <ul style="list-style-type: none"> <li>Institute system of people who routinely check on the person (e.g., neighbors, mail carriers, family) who report back with concerns/status of person</li> <li>Consider modifying appliances to ensure safety (automatic shut-off features for stoves, coffeepots, etc.)</li> <li>Explore possible use of climate control devices that shift temperatures at times of day or change under pre-programmed conditions</li> <li>Consider having mail presorted at post office by caregiver before delivery – especially if sweepstakes entries/solicitations are a problem (consult with benefit specialist at county aging office or elder law specialist to discuss recouping losses if lost significant money)</li> <li>Sign person up on no telemarketing call list</li> <li>Limit access to smoking materials to certain times in a certain place when the person can be supervised, purchase protective fireproof apron for the person to wear when smoking – or have the person discontinue smoking</li> <li>Devise ways to modify activities that have become risky by adding supervision, adaptive devices, etc.</li> </ul>

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## Environment

### Early Stages of Dementia (continued)

#### Goal

- The person's environment supports maximum independence, safety and personal choice both now and in the future

Key Assessment Issues	Possible Interventions
<p><u>Problems with Perception/Navigation</u></p> <ul style="list-style-type: none"> <li>Person may become lost while driving (also see planning area #1)</li> <li>Person may become lost while out in community – even in familiar settings</li> <li>May experience incontinence episodes due to confusion, inability to get to bathroom</li> <li>Visual changes may cause misperceptions which could lead to falls (e.g., contrasts in colors/patterns on floors and from room to room)</li> </ul> <p><u>Problems with Orientation to Time/Place</u></p> <ul style="list-style-type: none"> <li>Person may miss appointments, forget important events, not remember what day it is, etc.</li> <li>Engagement in meaningful activity may decline</li> <li>Changes in environment can cause confusion, problems in routines, etc.</li> <li>Things that are out of sight begin to be forgotten about</li> </ul> <p><u>Recommended Resources</u></p> <ul style="list-style-type: none"> <li>“The Complete Guide to Alzheimer’s Proofing Your Home” by Mark Warner</li> <li>The Alzheimer’s Store 1-800-752-3238 <a href="http://www.alzstore.com">http://www.alzstore.com</a></li> <li>Attainment Family Products adaptive devices for dementia care: <a href="http://www.attainmentfamily.com/">http://www.attainmentfamily.com/</a> 1-800-327-4269</li> <li><u>Kitchen, Bathroom/Signs or Pictures:</u> <ul style="list-style-type: none"> <li>Signmaker OnLine 888-523-2069</li> <li>Northwest Builders Network 888-810-8296</li> <li>Healthcare Signs 316- 263-9441</li> </ul> </li> </ul>	<p><u>Aiding Perception and Navigation</u></p> <ul style="list-style-type: none"> <li>Have the person accompanied when driving and continually assess skills, initiate behind the wheel driving evaluation if there are concerns and he doesn’t agree to stop driving</li> <li>Register the person with the “Safe Return” program through the Alzheimer’s Association in case of sudden onset of wandering – even if there is no current history– give the bracelet to him as a gift to encourage him to wear it</li> <li>Clear an easy path to the bathroom, place railings on walls if the person has trouble walking, pre-identify public bathrooms when out in public</li> <li>Post signs with arrows pointing to bathroom, leave toilet open</li> </ul> <p><u>Aid Orientation to Time and Place</u></p> <ul style="list-style-type: none"> <li>Use absorbent undergarments, keep in a familiar place where other undergarments are kept for easy access; use types that are most like the person’s regular underwear for ease of use</li> <li>Initiate a home safety evaluation and assessment by an Occupational and/or Physical Therapist (OT, PT) to evaluate appropriateness of current, and need for additional, adaptive equipment and/or modifications</li> <li>Obtain a clock that displays time, day and date for reference</li> <li>Use reminder systems (e.g., friendly phone call service), regular check-ins, people to accompany to appointments, calendars, etc., to help person stay on top of activities</li> <li>Arrange environment and simplify/alter ways to do things, to encourage self-initiation of activities from the person’s past routines: e.g., office writing, housework, crafts, having tea, playing music, etc.</li> <li>Keep environment consistent (e.g., furniture in the same place, familiar pictures of people and items in view) to maintain familiarity and sense of security</li> <li>Use visual cues as prompts to help person find things and remember things (e.g., pictures or words on cabinets or drawers indicating where things are/go)</li> <li>Use clear plastic containers at person's eye level to store frequently used items</li> <li>Modify cupboards and closets to place frequently used items</li> </ul>

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**Environment**

	at or close to the person's eye level
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## Environment

### Middle Stages of Dementia

#### Goal

- Person has sufficient resources in place to support need for safety while preserving the integrity of his/her life

#### Safety & Other Risks

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Burns</li> <li>• Falls</li> <li>• Ingestion/Poison</li> <li>• Exploitation</li> <li>• Harm from emergency situation</li> <li>• Difficulty in navigating the environment</li> </ul> | <ul style="list-style-type: none"> <li>• Becoming lost</li> <li>• Self inflicted harm</li> <li>• Self-neglect</li> <li>• Exposure</li> <li>• Social isolation</li> <li>• Lack of mental stimulation</li> </ul> |
|---|--|

#### Key Assessment Issues

##### General

- Progression of disease leads to physical changes that markedly effect perception, which can begin, or increase existing, behavior symptoms
- Person's health and nutrition will markedly effect abilities, symptoms (See care planning area #4)
- Physical changes develop that specifically effect the person's perception of the environment, including:
  - Sensory overload in busy environment
  - Things that are out of sight are out of mind (not perceived)
  - Depth perception diminishes
  - Preoccupation with small/busy patterns
  - Visual cliffs (dark color looks like hole)
  - Loss of sentence reading skills
  - Visual cues prompt person's actions
  - Repetitive themes - behavior
  - Uses sensitivity to other's emotions to navigate the environment
  - Unable to recognize current places, people or things as familiar - including present self in mirrors and pictures
  - Behavior may become unpredictable (e.g., Rummaging, hiding things, wandering off, getting lost - even in own home, driving away and getting lost)

#### Possible Interventions

##### General

- Continue early stage interventions, begin providing 24 hour supervision of person
- Assess environment for additional safety issues every visit, initiate dementia specific safety evaluation by an OT
- Monitor person for health changes continuously that may effect confusion, safety, and increase the risk for falls
- Increase types of supervision needed, set up a system for routine monitoring by multiple people/methods (e.g., nursing, day services, etc.) offering multiple views for decisions about accommodating person's progression (e.g., increases in care, additional interventions, moving to gain assistance, etc.)
- Keep a current photo, medication profile, health information and emergency contact information for all caregivers/contact people/doctors together in one place for emergency access
- Keep a list of strategies that calm the person and environmental factors that agitate the person, on hand for use by others in an emergency, or by substitute caregivers

##### Foster Meaningful Activity - Maintain Lifelong Interests and Abilities - The Key to Minimizing Behavior Symptoms

- Simulate person's past routines: build an "office, laundry or work shop" filled with past work activities and allow person to go to "work", (consider adult day services or in-home activity aide to provide social involvement, expend energy, and involve the person in life/community )
- Fill the environment with nostalgic items that encourage storytelling and reminiscence (especially the person's far past, e.g., awards, diplomas, collections, childhood pictures)
- Put activity items out in sight to stimulate person's interest
- Involve in activities that allow person to contribute, and feel they are a contributing, to others

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## Environment

### Middle Stages of Dementia (continued)

#### Goal

- Person has sufficient resources in place to support need for safety while preserving the integrity of his/her life

Key Assessment Issues	Possible Interventions
<p><u>Involvement in Activities Declines</u></p> <ul style="list-style-type: none"> <li>• Person is at risk for premature loss of skills and interests, over- dependence on caregiver, behavior symptoms, lethargy, etc.</li> <li>• Loses ability to initiate own activity</li> <li>• May become bored by too little activity or overwhelmed with too much</li> <li>• Able to respond to music and sing into the late stages of disease</li> </ul> <p><u>Problems with Perception/Navigation</u></p> <ul style="list-style-type: none"> <li>• Visual changes may cause misperception of floors and create fall risks (e.g., shiny floors look like water, dark floor or rug looks like a hole, busy floor patterns look uneven and confusing)</li> <li>• Person may misinterpret environment when patterns, shadows, clutter, etc. blend surfaces together or objects remind him of unpleasant past associations (e.g., stripes or bars seem like jail)</li> <li>• Person may become distracted or confused on the way, or be unable to get to (or identify), the bathroom - and experience incontinence as a result</li> <li>• May be unable to conceptualize, or may forget, what is in drawers or behind cupboard doors</li> <li>• May go into other person's items looking for his own (this may be alright except with important, personal or unsafe items)</li> </ul>	<p><u>Foster Meaningful Activity - Maintain Lifelong Interests/Abilities</u></p> <ul style="list-style-type: none"> <li>• Encourage meaningful activity by “visual cueing” - having things visually accessible - leave non-perishable food out to eat, and have activities set out around the house (e.g., puzzles, laundry, magazines, photo albums, etc.)</li> <li>• Pace the environment to include both relaxing and stimulating periods throughout the day, include things that will relax both the caregiver and the person if tension level gets high (e.g., soft music, lower lighting, pleasant smells, etc.)</li> </ul> <p><u>Aiding Perception and Navigation</u></p> <ul style="list-style-type: none"> <li>• Assure shoes, canes, walkers in good repair, used consistently</li> <li>• Incorporate techniques and lighting that will help minimize visual misperceptions such as providing non-glare flooring and lighting that is even and bright enough, eliminate confusing busy rug or floor patterns and borders, use motion detectors that automatically turn on/off lights and night lights</li> <li>• Remove dark rugs or mats from doorways when person is using them, cover dark steps with light colors, mark step edges with reflective or contrasting color tape</li> <li>• Modify décor to provide contrasting surfaces for easy use (e.g., contrasting carpeted bathroom to highlight tub, sink and toilet)</li> <li>• Clear the pathway to the bathroom of distracting pictures or items. Use visual cues such as lines on floor, sign with picture of toilet pointing to bathroom door, etc., as prompts</li> <li>• Position person's bed and doors so person can see toilet from bed upon rising – keep night light on near toilet for visibility</li> <li>• Consider modifying the bathroom, door or room to simulate person's past (e.g., simulate outhouse door, bedroom potty)</li> <li>• Use either word or picture labels on drawers, closets or cabinets to assist person to be independent in locating things</li> <li>• Consider locking up or getting duplicates of important items belonging to others to prevent rummaging, damage or loss</li> <li>• Obtain large knobs, etc., for appliances, place instructions or pictures for easier identification on items person can still use (e.g., family members' photos on phone speed dial)</li> </ul>

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## Environment

### Middle Stages of Dementia (continued)

#### Goal

- Person has sufficient resources in place to support need for safety while preserving the integrity of his/her life

Key Assessment Issues	Possible Interventions
<p><u>Problems with Judgement, Orientation to Time/Place</u></p> <p><b>1. Wandering</b></p> <ul style="list-style-type: none"> <li>Person may have an increase in nervous energy and need to pace and/or find pacing calming, regardless of the environment she is in</li> <li>Wandering behavior may increase as person declines, especially when agitated (Alzheimer's Association study shows that agitation precipitates wandering in majority of cases)</li> <li>Person may wander out of house or yard, become disoriented and lost – especially when experiencing agitation</li> <li>May have had a routine of taking walks and attempt to engage in it when cued</li> <li>If person is lost, having a plan and putting it into effect immediately is imperative – danger to the person increases with each hour they are gone</li> </ul> <p><b>2. Recognizing Self and Others</b></p> <ul style="list-style-type: none"> <li>Person may only recognize younger self in pictures, may not recognize current self in pictures or mirrors - and may argue with or fear “person in the mirror”</li> </ul>	<p><u>Insuring Safety and Supporting Orientation to Time/Place</u></p> <p><b>1. Wandering</b></p> <ul style="list-style-type: none"> <li>Monitor person closely when agitated, or at times and situations when she is typically prone to being restless and/or agitated</li> <li>Establish outdoor pathways for pacing that are safe, fenced and monitored for person to expend energy and enjoy the outdoors</li> <li>Clear a circular pathway indoors for in-home wandering/pacing</li> <li>Register the person with the “Safe Return” program through the Alzheimer's Association in case of sudden onset of wandering – even if there is no current history. Give the bracelet/pendant to the person as a gift so that she will wear it with pride</li> <li>Obtain the Safe Return alert bracelet for the caregiver in case of her injury, to notify emergency workers of person's care needs if caregiver is absent (minimal cost for both bracelets)</li> <li>Investigate and use monitoring devices for the person that are appropriate to the situation (door or proximity alarms, baby intercoms, motion detectors, etc.) but avoid loud alarms that startle the person with dementia (instead, use alarms that ring with the caregiver)</li> <li>Store articles that act as “cues” to trigger the person to want to leave, so they are “out of sight, out of mind” (e.g., store shoes, coats, umbrellas, etc., in closets away from exits and doors)</li> <li>Continue person's routine of walking – always with supervision</li> <li>Disguise doors that open to dangerous places, e.g., basement stairs, busy roadways, etc. by using door murals, drapes, disguising the door to look like a part of the walls, etc.</li> <li>Utilize person's “visual cliff” perception; place dark rugs or borders in areas adjacent to foyer, which cause person to pause (need to be removable) as an <u>added deterrent</u> to other strategies</li> <li>Trim bushes, trees, etc., so person can see the house when outdoors, and be seen by caregiver</li> <li>Keep recent pictures and a written description of person on hand, consider pre-registering with local police department if person has frequent issues, and notifying them of safe return registration</li> </ul> <p><b>2. Avoiding Fear/Catastrophic Reactions from Non-recognition</b></p> <ul style="list-style-type: none"> <li>Cover or remove mirrors and provide reassurance, use pictures of the person when younger if putting on person's door for way-finding (an especially good strategy to use in a facility)</li> </ul>

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# Environment

## Middle Stages of Dementia (continued)

### Goal

- Person has sufficient resources in place to support need for safety while preserving the integrity of his/her life

### Key Assessment Issues

#### Problems with Judgement, Orientation to Time/Place(continued)

#### **2. Recognizing Self and Others**

- Person may have fleeting or no recognition of loved ones and others, yet she yearns for the closeness with them that she experienced in the past
- May forget if or when loved ones have visited
- May believe people long deceased are still living, may repetitively “look” for and ask about them
- Declines in orientation are worse when the person is in a hospital, traveling or has moved (also see tips for moving in the late stage section page 7.10)

### Possible Interventions

#### Insuring Safety and Supporting Orientation to Time/Place

#### **2. Avoiding Catastrophic Reactions (continued)**

- Person still responds to emotional connection with others, even if unclear about present relationship. Reminiscence with the person about the past by providing cues/stories/pictures about things they’ve participated in together, provides loving support and assurance and shared closeness – focus on sharing feelings not on person's recalling of facts, which is her disability
- Have family/friends write a letter to person before they leave describing the visit and a fun memory. Place the letter in sight or in person’s pocket where it can be read repeatedly, along with a calendar plotting when visits have occurred and are expected, as a cue and reassurance that people did/will visit
- The sense of familiarity diminishes for the person as the disease progresses. Providing connections to people in the person’s past – to times when she felt safe and secure (e.g., with mom, dad, siblings, children) are important. Fill the environment with objects, pictures, memory books, letters, etc., that can be used to cue the person to reconnect with the loved one/time she is “looking” for - while assuring her that she is safe and cared for in the present
- Bring familiar items with the person (e.g., blanket, shawl, pictures, religious objects, etc.) to help anchor and provide stability in unfamiliar environments. Include a list of routines, things that are calming, repetitive themes, name person likes to be called, etc., to help substitute caregivers maintain continuity
- Arrange the new dwelling as closely to the person’s familiar environment as possible (e.g., pictures, furniture layout, etc.)
- If person moves to assisted living, provide a memory display box on the wall, next to her door of familiar items, pictures, etc., that she can identify and also reminisce about to others. This aids the person in identifying and finding her own room
- Document patterns to person’s wanting to leave, note triggers to feelings as well as what is going “right” in the environment when she is happy.
- Work to provide a meaningful and active environment at times of day/week when the person is typically most upset, and duplicate success from the times things are going “right”

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## Environment

### Middle Stages of Dementia (continued)

#### Goal

- Person has sufficient resources in place to support need for safety while preserving the integrity of his/her life

Key Assessment Issues	Possible Interventions
<p><u>Problems with Judgement, Orientation to Time/Place</u></p> <p><b>3. Repetitive or Risky Behavior</b></p> <ul style="list-style-type: none"> <li>• The sight of a certain object may trigger an activity that the person once did, but with no awareness of current danger/risks e.g., decide to take apart or “repair” a radio while it’s still plugged in</li> <li>• Person may rummage through the house hiding things and then forgetting them, or be constantly losing items</li> <li>• May want to continuously wear same clothes, carry purse with spoiled food in it, etc., and refuse to allow others to take or clean it</li> <li>• May voice increased suspiciousness of theft or accusations regarding misplaced items – even after they are found</li> <li>• Person may accidentally ingest look-alike products (e.g., glass cleaner vs. mouthwash) because he can’t recognize labels anymore</li> <li>• May have lost any concept of safe smoking</li> <li>• Person may lock himself out of the house, risk exposure</li> <li>• Person may wander and risk poisoning, falls, self-neglect, or exploitation because his poor judgement creates safety issues - especially when he left alone</li> <li>• May misinterpret or forget what each appliance is used for, what knobs do</li> <li>• May not be able to accurately identify or understand use for simple familiar objects or products such as telephone, baking utensils or remote control</li> <li>• May have lost the ability to use or learn and assimilate new/unfamiliar items in the environment (e.g., Lifeline)</li> <li>• Unable to organize and manage such things as mail, newspapers—may just stack and re-stack</li> </ul>	<p><u>Insuring Safety and Supporting Orientation to Time/Place</u></p> <p><b>3. Address Behavior Symptoms Proactively</b></p> <ul style="list-style-type: none"> <li>• Encourage use of safe items to replace risky behavior – e.g. box of radio parts, tools, etc., instead of a plugged in radio</li> <li>• Place items that can “cue” or be triggers to repetitive behavior out of sight and away from familiar areas – e.g., car keys, baking or cooking utensils, etc.</li> <li>• Attach locator devices (e.g., luggage locator, key finder) to frequently lost items for easy retrieval</li> <li>• Get duplicates of favorite items that tend to be worn or lost continuously (favorite purse, clothing, keys, etc.) This avoids agitation over missing items, the ability to clean favorite clothes, etc.</li> <li>• Create places for the person to rummage and keep his things that are still safe, to minimize rummaging in the wrong places</li> <li>• Lock up or store off-site very important papers and items that cannot be replaced. Use locks that are out of line of vision – inside cabinets, at top or low end of doors or closets, etc.</li> <li>• Remove clutter, simplify environment, and organize favorite or often used things so that they can be found and accessed easily</li> <li>• Lock up objects or products that could be hazardous for the person — similar to childproofing</li> <li>• Place extra key to residence hidden outside and/or with neighbors; develop an emergency plan with neighbors and alternate caregivers</li> <li>• Modify, disconnect or remove potentially dangerous appliances and/or objects that can cause agitation</li> <li>• Introduce changes by incorporating them into the familiar routine (e.g., lay new clothes out when time to dress, put incontinence products in underwear drawer, hand new toothbrush to person with toothpaste on it)</li> <li>• Arrange for mail, bills, etc., and maintenance of home environment to be handled by another person</li> </ul>

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# Environment

## Late Stages of Dementia

### Goal

- The person's safety needs are managed and accidents prevented while maintaining an environment that offers opportunities for stimulation and meaningful interaction

### Safety & Other Risks

- Burns
- Falls
- Immobility complications
- Abuse
- Self-neglect
- Social isolation
- Lack of mental stimulation

### Key Assessment Issues

#### Perception is Limited but Still Present

- Person is usually unable to understand written communication, and verbal communication beyond one or a few words, but may still respond to tone of voice, singing and gestures
- Will continue to respond to touch, visual and auditory stimulation, taste and possibly smell
- May have very distorted perception - may see shadows or cords as snakes, etc.
- Risk of person becoming isolated, depressed, prematurely incapacitated, etc., because others may not realize perceptive capacity is still there
- May be hyperactive (restless, continually moving) or be sleepy and somewhat lethargic
- Startle reflex is more pronounced, easier to trigger

#### Declining Abilities Result in Total Dependence on Caregivers

- Person is unable to perform IADL's and ADLs without complete assistance
- May be ambulatory, have decreased mobility, forget how to walk, or be too unsteady or weak to stand up alone
- May be at risk for physical problems stemming from bed/chair, etc. (e.g., pressure sores)

#### Communication is Mainly Non-Verbal

- Person usually not able to verbally communicate reactions to the environment, but may respond in non-verbal ways: facial/body gestures, screams, humming, repetitive sounds, words, movements
- May interact with others meaningfully through non-verbal means (touch, sounds, gestures) may be interacting even if response is limited

### Possible Interventions

#### Aiding Perception

- Incorporate various modes of sensory stimulation to enrich the person's environment: varied sights (simple patterns, soothing colors), sounds (favorite music, waves or birds), tastes (to evoke pleasant memories like fresh baked bread), and touch (soft blankets, multi-textured items, etc.)
- Talk through care so person knows what is going on – especially when out of her line of sight. Avoid contact from behind the person to prevent startle reflex

#### Monitor Abilities, Physical Safety and Fall Risks

- Incorporate care practices that encourage maintenance of mobility and decrease risk for falls (range of motion, walking with assist)
- Provide safe, well-lit, supervised area for pacing
- Continually assure the person's comfort in the environment by monitoring and responding to behavior symptoms or non-verbal responses during environmental changes
- Offer the person routine changes in environment different parts of building, outside/inside, etc.
- Consult with OT and PT to use appropriate positioning devices while maintaining restraint and barrier free environment

#### Continue Communication

- Continue ongoing meaningful interaction (reading aloud, singing, offering sensory items, touch/massage, familiar voices of loved ones talking, etc.)
- Communicate in gentle, slow, caring ways – acknowledge person's reactions/interactions out loud along with your response

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## Environment

### Late Stages of Dementia (continued)

#### Goal

- The person's safety needs are managed and accidents prevented while maintaining an environment that offers opportunities for stimulation and meaningful interaction

#### Key Assessment Issues

##### Moving People in Mid-Late Stages

- Person may become very disoriented, upset, anxious and/or may experience a rapid decline when moved from a familiar setting to an unfamiliar one
- Techniques and actions done prior to-during-after the move to preserve continuity, familiarity and a feeling of safety and support can often ease or shorten the person's difficulties

#### Possible Interventions

##### Tips for Moving People in Mid-Late Stage Dementia:

##### Temporary Moves to Hospitals, Respite, Traveling, etc.

- Take along familiar, fond objects that person can derive comfort from (blanket, pictures, clothes, life storybook, etc.)
- Provide written information for other caregivers about person's favorite activities, foods, likes/dislikes and other special alerts (triggers to behavior symptoms, ways to calm person, meaningful activities, changes with times of the day/night, etc.)
- Set up a system for the person to have regular contact with a familiar person in his life, provide a contact number for staff to reach the familiar person for assistance, ideas, visiting times, etc.

##### Moving the Person to a New Residence/Living Environment

- Arrange important furniture, pictures, belongings, etc. in as close a representation to his familiar previous home as possible, in advance if can
- Assign someone who is familiar to and trusted by the person to be a caretaker for the day of the move. This allows flexibility for the person to participate in the move as he can, or if upset by the move, be taken to do enjoyable activities elsewhere
- Provide ongoing emotional support for the person – even if he is non-verbal – during both the transition and in the new residence. The person often experiences grief, loss, and/or anxiety during this time, and may exhibit resulting behavior symptoms
- Provide caregivers in the new setting with written information that is reinforced by a verbal explanation and discussion, hands on demonstration, and a regular schedule of ongoing communication through phone contacts and visits
- Make sure all of the person's medical information and contacts, routines, comforting foods/activities, and past experiences of trauma that could be triggered in the new setting are documented and explained to new caregivers. Include information and phone numbers for primary and secondary emergency contact people. Encourage communication between all parties prior to person's move and visits for him to be in the new setting, combined with the new caregivers visiting in the person in his current home environment whenever possible
- Strive to maintain continuity and the person's "personhood" as much as possible, to provide a sense of safety and familiarity for the person as he experiences the change in residences

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